

CIVIL ACTION COVER SHEET		DOCKET NUMBER	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Trial Court of Massachusetts The Superior Court </div>								
PLAINTIFF(S): <u>Alberto L. Fernandez Mojica</u> ADDRESS: <u>and Tiffany A. Gendron</u> <u>9 Morning Mist Lane, Bourne,</u> <u>Massachusetts</u> ATTORNEY: <u>William C. Henchy</u> ADDRESS: <u>165 Cranberry Highway</u> <u>Orleans, Massachusetts 02653</u> Telephone: <u>(508) 255-1636</u> BBO: <u>543932</u>	DEFENDANT(S): <u>Angela S. Chin and Rosemary</u> <u>Victoria d/b/a Rosemary V. Bernice</u> <u>155 Walnut Street, Bridgewater, MA 02324-2839</u> ADDRESS: <u>31 Fuller Avenue, Attleboro,</u> <u>Massachusetts 02073-4431</u>										
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">CODE NO.</td> <td style="width: 45%;">TYPE OF ACTION AND TRACK DESIGNATION (see reverse side)</td> <td style="width: 15%;">TRACK</td> <td style="width: 25%;">HAS A JURY CLAIM BEEN MADE?</td> </tr> <tr> <td><u>B79</u></td> <td><u>Failure to Disclose, 93A</u></td> <td><u>F</u></td> <td><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table>				CODE NO.	TYPE OF ACTION AND TRACK DESIGNATION (see reverse side)	TRACK	HAS A JURY CLAIM BEEN MADE?	<u>B79</u>	<u>Failure to Disclose, 93A</u>	<u>F</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A											
<p>The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff's counsel relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.</p>											
TORT CLAIMS (attach additional sheets as necessary)											
A. Documented medical expenses to date:											
1. Total hospital expenses			\$								
2. Total doctor expenses			\$								
3. Total chiropractic expenses			\$								
4. Total physical therapy expenses			\$								
5. Total other expenses (describe below)			\$								
Subtotal (A):			\$								
B. Documented lost wages and compensation to date			\$								
C. Documented property damages to date			\$								
D. Reasonably anticipated future medical and hospital expenses			\$ <u>38,250</u>								
E. Reasonably anticipated lost wages			\$								
F. Other documented items of damages (describe below)			\$								
G. Briefly describe plaintiff's injury, including the nature and extent of injury: <u>The seller's and broker's failure to disclose that four, massive</u> <u>wind turbines would soon be built on the adjacent property allowed</u> <u>the sale to proceed. The value of the plaintiff's property has</u> <u>dropped approximately \$138,250.00.</u>											
TOTAL (A-F): \$ <u>38,250.00</u>											
CONTRACT CLAIMS (attach additional sheets as necessary)											
<input type="checkbox"/> This action includes a claim involving collection of a debt incurred pursuant to a revolving credit agreement Mass. R. Civ. P. 8.1(a). Provide a detailed description of claim(s)											
TOTAL:			\$								
Signature of Attorney/ Unrepresented Plaintiff: X			Date: <u>July 2, 2019</u>								
RELATED ACTIONS: Please provide the case number, case name, and county of any related actions pending in the Superior Court <u>None</u>											
CERTIFICATION PURSUANT TO SJC RULE 1:18											
I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.											
Signature of Attorney of Record: X			Date: <u>July 2, 2019</u>								